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VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. AUTO 218

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application, No.

10/615,317

Applicant Examiner

Joseph S. Stam et al. Gagliardi, Albert J.

Art Unit

2878

Filing Date

July 8, 2003

Confirmation No.

9360

For

VEHICLE VISION SYSTEM WITH HIGH

DYNAMIC RANGE

Mail Stop After Final Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the United States Patent and Trademark Office on the date shown below:

- 1. Amendment
- 2. Claims as Amended Form

YOU SHOULD RECEIVE A TOTAL OF 9 PAGES.

6/27/06

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Attorney Docket No. AUTO 218

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Appln. No.

10/615,317

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Applicant

Joseph S. Stam et al.

CENTRAL FAX CENTER JUN 27 2006

Examiner Art Unit

Gagliardi, Albert J. 2878

Filing Date

Confirmation No.

July 8, 2003

For

9360

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Dear Sir:

Enclosed is Request for Reconsideration in response to the Office Action dated April 27, 2006.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1	Col. 2	Col. 3	Small Entity		Other Than A Small Entity		
· .	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'I Fee	Rate	Add'l Pee
Total Claims	*15	Minus	**60	=00	x \$25	\$00	x \$50	\$00
Independent Claims	*1	Minus	**11	=00	x \$100	\$00	x \$200	\$00
First Presentation of Multiple Dependent Claims \$180					\$00	x \$360	S00	
TOTAL ADD	TIONAL FEE F	OR THIS	AMENDMEN	r		\$00	X 3300	\$00

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write ** "20" in this space.
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Attorney Docket No. AUTO 218

		Highest No. Previously Paid or found from the equivalen or of claims originally filed.	d For" (Total or Independent) is the highest at box in Col. 1 of a prior amendment or the
1. 2. 3. 4.		No additional fee is required a check in the amount of the Please charge the fee Deposit Account 07-1070.	for the Petition for Extension of Times
Date: ₋	<u> </u>	27, 200 <u>6</u>	Respectfully submitted, James E. Shultz Jr. Registration No. 50,511 GENTEX CORPORATION 600 North Centennial Street Zeeland, Michigan 49464 Telephone: (616) 772-1590 x539 Facsimile: (616) 772-5223

Attorney Docket No. AUTO 218

1.		Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been
		established by a venilled statement previously submitted or is enclosed
2.		No additional fee is required.
3.		A check in the amount of \$ is enclosed,
4.		Please charge the fee for the Petition for Extension of Time to Deposit Account 07-1070.
5.	_ <u>X</u> _	Please charge any additional fees or credit overpayment to Deposit Account No. 07-1070.

Date: Jun 27, 2006

Respectfully submitted,

James E. Shultz Jr.
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REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated April 27, 2006 the Applicant offers the following response:

Please reconsider the above-identified application as follows:

Remarks begin on page 2 of this paper.